

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G670		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/15/2014	
NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4918 MICHAEL ST ANDERSON, IN 46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: December 8, 9, 10, 11, 12 and 15, 2014.</p> <p>Facility number: 001224 Provider number: 15G670 AIM number: 100239540</p> <p>Surveyor: Kathy Wanner, QIDP</p> <p>The following deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 12/23/14 by Ruth Shackelford, QIDP.</p>		W000000				
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to follow their policy for abuse and neglect for 1 of 4</p>		W000149	<p>Facility staff will receive additional training regarding the supervision requirements of individuals to include that the last staff present</p>		01/14/2015	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>sampled clients (client #3) by failing to ensure client #3 was provided with twenty-four supervision and not left alone in the group home.</p> <p>Findings include:</p> <p>Facility records including the Bureau of Developmental Disabilities Services (BDDS) reports were reviewed on 12/10/14 at 12:05 P.M. The BDDS reports indicated the following:</p> <p>-a BDDS report dated 8/26/14 for an incident on 8/25/14 at 8:15 A.M. indicated "On 8/25/14 [client #3] was accidentally left unsupervised for a period of 15 minutes. Review of the camera footage (common areas only) determined that [client #3] remained in his bedroom during the time period. [Client #3] suffered no negative outcome as a result of this incident. Staff responsible were suspended and investigation was initiated immediately. The findings were that staff did not effectively communicate with one another prior to leaving separately, that [client #3] had refused to go to the day program and was still in his room. Staff will receive training that the last person present in the home at any time must walk through checking every room prior to leaving."</p>			<p>in the home at any time will check every room prior to leaving to assure that it is vacant. The Residential Director will complete incidental observations of staff on a weekly basis to assure that supervision remains appropriate.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	<p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 12/11/14 at 9:30 A.M. The QIDP stated, "Yes, he (client #3) is to have twenty-four supervision. The QIDP stated, "No, staff did not follow policy they were neglectful in leaving him at home alone."</p> <p>The QIDP was again interviewed on 12/15/14 at 10:40 A.M. The QIDP stated, "The cameras are in the common areas only, but his bedroom door never opened. He was in bed sleeping when staff last saw him, and he was still in bed asleep when staff returned."</p> <p>The facility policy Preventing Abuse and Neglect dated 10/2013 was reviewed on 12/9/14 at 10:00 A.M. and indicated "DSA, Inc, prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves...B. 'Neglect' means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual."</p> <p>9-3-2(a)</p>						

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